
From: 62442-77275791@requests.muckrock.com
Sent: Wednesday, October 17, 2018 1:23:06 PM (UTC-05:00) Eastern Time (US & Canada)
To: PA FOI
Subject: New York Freedom of Information Law Request: Lincoln Tunnel graffiti

The Port Authority of New York and New Jersey
FOIL Office
4 World Trade Center, 25th Floor
150 Greenwich Street
New York, NY, NY 10007

October 17, 2018

To Whom It May Concern:

Pursuant to the New York Freedom of Information Law, I hereby request the following records:

Records pertaining to the removal on Wednesday, October 17, 2018 of graffiti on the NJ-bound side of the Lincoln Tunnel, which read, "We must secure an existence 4 our people + a future 4 white children." Please include all property damage, maintenance, and public relations records, as well as police blotter referrals, pertaining to the graffiti. You may limit your search to records generated between October 12, 2018 and the date this request is processed.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Brendan O'Connor

Filed via MuckRock.com
E-mail (Preferred): 62442-77275791@requests.muckrock.com
Upload documents directly: https://www.muckrock.com/accounts/agency_login/the-port-authority-of-new-

PRA #19627

york-and-new-jersey-2408/lincoln-tunnel-graffiti-62442/?email=pafoi%40panynj.gov&uuid-login=10a91767-e9cd-4924-b03e-0810278d1e05#agency-reply

Is this email coming to the wrong contact? Something else wrong? Use the above link to let us know.

For mailed responses, please address (see note):

MuckRock News
DEPT MR 62442
411A Highland Ave
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records requests. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY PRA No. 19627
PUBLIC RECORD ACCESS FORM

Action by (print / type name):

William Shalewitz

, Freedom of Information Administrator

Signature:

William Shalewitz

Date:

04/10/2019

On behalf of the Secretary of the Port Authority, as Records Access Officer and Custodian of Government Records of the Port Authority.

☒ The requested records are being made available.

☐ Any responsive records that may exist are currently in storage or archived, and a diligent search is being conducted. The Port Authority will respond by:

☐ A diligent search has been conducted, and no records responsive to your request have been located.

☐ The requested records that have been located are not being made available, as they are exempt from disclosure for the following specific reasons:

☐ Some requested records that have been located are being made available. The remainder are exempt from disclosure for the following specific reasons:

☐ The request does not reasonably describe or identify specific records; therefore, the Port Authority is unable to search for and locate responsive records. Please consider submitting a new request that describes or identifies the specific records requested with particularity and detail.

☒ Other:

Exemptions applied for personal privacy and security/public safety.

This form is promulgated by the Port Authority pursuant to the Port Authority Public Records Access Policy and is intended to be construed consistent with the New York Freedom of Information Law and the New Jersey Open Public Records Act. It is intended to facilitate requests for Port Authority public records and does not constitute legal advice.

INCIDENT DATA		INCIDENT/INVESTIGATION REPORT										
		<div style="display: flex; justify-content: space-between;"> <div> Agency Name Port Authority Police Department </div> <div> Case# 18-012464 </div> </div>						Date / Time Reported 10/17/2018 20:23 We				
								Last Known Secure 10/17/2018 20:23 We				
								<div style="display: flex; justify-content: space-between;"> <div> Location of Incident LT W 35 Dyer St, New York NY 10018- </div> <div> Premise Type Highway/road/alley </div> <div> Zone/Tract NYMP, </div> </div>				
MO	#1	Crime Incident(s) (Co) Criminal Mischief-4th PL 145.00				Weapon / Tools NO WEAPON				Activity		
		Entry		Exit		Security						
	#2	Crime Incident ()				Weapon / Tools				Activity		
		Entry		Exit		Security						
	#3	Crime Incident ()				Weapon / Tools				Activity		
		Entry		Exit		Security						
VICTIM	# of Victims 1		Type: SOCIETY/PUBLIC								Injury:	
	V1	Victim/Business Name (Last, First, Middle) People Of The State				Victim of Crime # 1,	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address									Home Phone		
	Employer Name/Address								Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN					
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)											
OTHERS INVOLVED	Type:		Injury:									
	Code	Name (Last, First, Middle)				Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address									Home Phone		
	Employer Name/Address								Business Phone		Mobile Phone	
	Type:		Injury:									
	Code	Name (Last, First, Middle)				Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address									Home Phone		
	Employer Name/Address								Business Phone		Mobile Phone	
PROPERTY	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)											
	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description			Make/Model		Serial Number
	1	221	EVID	\$0.00		1	OTHER MISC ITEMS					
Officer/ID# LUONGO, E. [REDACTED]												
Invest ID# COLLORAFI, D. ([REDACTED])												
Supervisor ASHBY, P. ([REDACTED])												
Status	Complainant Signature				Case Status <i>Closed By Other</i> 01/14/2019				Case Disposition: 10/17/2018			

INCIDENT/INVESTIGATION REPORT

Port Authority Police Department

Case # 18-012464

Status Codes	1 = None	2 = Burned	3 = Counterfeit / Forged	4 = Damaged / Vandalized	5 = Recovered	6 = Seized	7 = Stolen	8 = Unknown
D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type			
Assisting Officers JAYCARD, M. ()								

Suspect Hate / Bias Motivated: Anti_Jewish

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 18-012464

Port Authority Police Department

NARRATIVE
Investigate Criminal Mischeif on property. Open 61 #2018-10-004342. NYPD Det. Schneider of the Hate Crimes Unit notified at 1900hours by PAPD SGT Jaycard.

REPORTING OFFICER NARRATIVE*Port Authority Police Department*

OCA

18-012464

Victim

Society

Offense

CRIMINAL MISCHIEF-4TH

Date / Time Reported

Wed 10/17/2018 20:23

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Gerard Lindenmeier, GM of the Lincoln Tunnel, reports that he was first informed by Joseph Restuccia of the Community Board #4, Telephone# [REDACTED] that on Monday 10/15/18 at 1221hours he had discovered graffiti consisting of black spray paint on public property on the over pass of roadway A (NY Expressway/DPR) located between 35th Street and Dyer Ave. Joseph Restuccia further informed Mr. Lindenmeier that the graffiti was terrible in nature so he took action to have it covered up by PA. Maintenance with a base coat of paint and asked that a finish coat of paint be applied. The graffiti stated, " secure a future for white babies ".

Mr. Lindenmeier further reports that he received an email concerning a Twitter feed on Tuesday 10/16/18 at 1050hours depicting a photograph of graffiti located on Post 34 East Bound Wall (NY Expressway/DPR) before the North Tunnel entrance in black spray paint stating. " we must secure an existence 4 our people4 a future4 white children". Also present was a drawing of a heart and a peace sign. The graffiti was covered up by PA Maintenance.

On Wednesday 10/17/18 at 1635hours Police Officer E. Luongo conducted a canvas of the location concerned and discovered additional graffiti consisting of a swastika and a partial swastika in black spray paint located approximately 50 feet from the second reported incident.

A video canvas of PA cameras was conducted with negative results.

Captian Hugh Johnson (C.I.B.) is notified and will be forwarding all associated reports to the Central District Detectives for further investigation.

PAPD Sergeant Martin Jaycard notified NYPD Hate Crimes Task Force at 1900hours. (NYPD Detective Schneider). Penal Law 485.05(b) Hate Crime

Open 61# 2018-10-004342

Incident Report Suspect List

Port Authority Police Department

OCA: 18-012464

1	Name (Last, First, Middle) * No name *						Also Known As				Home Address																																					
	Business Address																																															
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.																																					
	Scars, Marks, Tattoos, or other distinguishing features																																															
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="3">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="3">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="2">VIN</td> </tr> </table>													<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN	Weapon, Type	Feature		Make		Model			Color	Caliber	Dir of Travel Mode of Travel		VehYr/Make/Model			Drs	Style		Color		Lic/St		VIN	
<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																					
Weapon, Type	Feature		Make		Model			Color	Caliber	Dir of Travel Mode of Travel																																						
VehYr/Make/Model			Drs	Style		Color		Lic/St		VIN																																						
Notes						Physical Char																																										

Incident Report Related Property List

Port Authority Police Department

OCA: 18-012464

1	Property Description OTHER MISC ITEMS				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 10/17/2018		NIC #		State #		Local # S222310	
	Jurisdiction Locally		OAN							
Name (Last, First, Middle) * No name *					DOB		Age		Race	
									Sex	

Notes

Investigate Criminal Mischeif on property. Five photos of graffiti. Evidence Voucher#S222310. Evidence Bag#1203642371.

CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: **18012464**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D. [REDACTED]*

Date / Time: *10/22/2018 20:58:49, Monday*

Supervisor: *MILNE, M. [REDACTED]*

Supervisor Review Date / Time: *10/23/2018 15:31:57, Tuesday*

Contact:

Reference: *Investigation - Cib*

Synopsis: At time and place of occurrence, graffiti was found in the NY expressway.

Investigation: The undersigned reviewed the pictures provided of the graffiti. After a review of the Nexitva system, camera 131 and 129 could have video of the incident. A review of these cameras is in progress. Results pending.

Case is open/active

Investigator Signature

Supervisor Signature

CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: **18012464**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D.* [REDACTED]

Date / Time: *10/29/2018 14:30:02, Monday*

Supervisor: *GRAF, J.* [REDACTED]

Supervisor Review Date / Time: *11/01/2018 08:25:51, Thursday*

Contact:

Reference: *Investigation - Cib*

Synopsis: At time and place of occurrence, Graffiti was found in the New York Expressway.

Investigation: The undersigned called NYPD Hate Crimes, Det. Hidalgo is handling 61# 2018-010-004296 which may be related to PAPD case.

Hidalgo working 4-12am, left a message and also sent him an email to confer.

Video of expressway still being reviewed.

Case is open/active

Investigator Signature

Supervisor Signature

CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: **18012464**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D. ()*

Date / Time: *11/08/2018 20:01:00, Thursday*

Supervisor: *WEST, N. ()*

Supervisor Review Date / Time: *11/09/2018 07:54:21, Friday*

Contact:

Reference: *Investigation - Cib*

Synopsis: At time and place of occurrence, Graffiti was found in the New York Expressway.

Investigation: The undersigned spoke with Det. Diaz in NYPD Hate Crimes Task Force. We reviewed both the PAPD case and NYPD 61# 2018-010-004296. Although the swastika was drawn in both cases, the swastikas in our case were spray painted with black paint in a large area. NYPD's case consisted of small 2 inch by 2 inch drawings in magic marker drawn on a lamp post. Additionally, there is no video so no suspect identified.

Det. Diaz ran the phrase used, "Secure a future 4 white babies", and "we must secure an existence 4 our people + a future 4 white children." No cases sharing the similar or the same wording have been reported or investigated by NYPD.

Video canvassing still being conducted.

Case is open.

Investigator Signature

Supervisor Signature

CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: **18012464**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D. ()*

Date / Time: *01/10/2019 13:52:12, Thursday*

Supervisor: *ZAFONTE, R. ()*

Supervisor Review Date / Time: *01/13/2019 11:26:36, Sunday*

Contact:

Reference: *Investigation - Cib*

Synopsis: At time and place of occurrence, graffiti was found in the NY Expressway.

Investigation: Extensive video canvassing was conducted. Negative results. No suspect or suspect vehicles can be seen stopping in the area of the graffiti.

NYPD did not have any similar incidents and their bias unit conducted a search with negative results.

This case will be closed at this time.

Investigator Signature

Supervisor Signature



Date Reported: 10/17/18

Time Reported: 1445

Date of Incident: 10/15/18

Time of incident: 12:21

Location: Public Property; Over roadway A, 35th Street and Dyer Ave. (NY Expressway/DPR)

Details of incident: Gerard Lindenmeier GM LT reports that he was first informed by Joseph Restuccia of Community Board 4 telephone # [REDACTED] that on Monday October 15 at 12:21 hours he had discovered graffiti consisting of black spray paint on public property on the overpass of roadway A (NY Expressway/DPR) located between 35th and Dyer Avenue. Joseph Restuccia further informed Mr. Lindenmeier that the graffiti was terrible in nature so he took action to have it covered up by PA maintenance with a base coat of paint and asked that a finish coat of paint be applied. The graffiti stated, *"secure a future for white babies"*.

Mr. Lindenmeier further reports that he received an email concerning a Twitter feed on Tuesday October 16th at 10:50 hours depicting a photograph of graffiti located on Post #34, E/B wall NY Expressway/DPR before the North Tunnel entrance in black spray-paint stating, *"we must secure an existence 4 our people4 a future4 white children."* Also present was a drawing of a heart and a peace sign. The graffiti was covered up by PA maintenance.

On Wednesday October 17, 2018 at 1630 hours Police Officer E. Luongo conducted a canvas of the location concerned and discovered additional graffiti consisting of a swastika and partial swastika in black spray paint located approximately 50' away from the second reported incident.

A video canvas of PA cameras was conducted with negative results.

Captain Hugh Johnson C.I.B. is notified and will be forwarding all associated reports to the Central District Detectives for further investigation.

Sergeant Martin Jaycard notified NYPD Hate Crimes Task Force.

This matter is currently under investigation.

Prepared by Captain John Denesopolis









FHY-YEXB-0029
FIRE ALARM
LT2405

FHY-YEXB-0029
INSTRUMENT
LT2405







S222310

Invoicing Officer Rank/Name	Tax No.	Command	Invoice Date	Invoicing Command
P.O. E. Luongo	[REDACTED]	LT	10/17/2018	BT
Arresting Officer Rank/Name	Tax No.	Command	Complaint No. (Yr.-Pct.-No.)	Aided/Accident No.
			2018-10-004342	
Investigating Officer Rank/Name	Tax No.	Command	Related Comp. No. (Yr.-Pct.-No.)	OCME EU No.
Detective Squad Supervisor Rank/Name	Tax No.	Command	Det Squad Case No.	OCME FB No.
Detective Sgt. West	[REDACTED]	BT		
CSU/ECT Processing Officer Rank/Name	Tax No.	Command	Police Lab Evid. Control No.	CSU/ECT Run No.

ITEM No.	QTY	ARTICLE	CASH VALUE USC only	PEDDLER/LEAD SEAL No.	SEC/NARCO ENVELOPE No.
1	5	Pictures of Graffiti			120364237
XXX					
		ABOVE IS A LIST OF ALL ITEMS VOUCHERED			

DISPOSITION & DATE (For Property Clerk Use Only)

REMARKS: Briefly explain why the property was taken into custody (see instructions on BACK of this form).

PAGE 1

1 DISTRIBUTION: 1. WHITE - PCD File Copy 2. 2nd WHITE - Inventory Unit Copy 3. YELLOW - PCD work Copy
4. BLUE - Assigned Investigator's Copy 5. GREEN - ADA Copy 6. PINK - Prisoner/Finder. Copy 7. GOLD - A/O's Copy



COMPLAINT REPORT WORKSHEET
PD 313-152A (Rev. 04-12)

☐ Complaint Report
☐ Juvenile Report

Cmd./Pct. Taking Report 010		Jurisdiction Of Complaint: <input type="checkbox"/> NYPD (Unless One Of The Following):							
<input type="checkbox"/> NYPD Transit Bureau <input type="checkbox"/> NYPD Housing Bureau <input checked="" type="checkbox"/> Port Authority Police <input type="checkbox"/> Triborough Bridge And Tunnel Police <input type="checkbox"/> N.Y. State Park Police		<input type="checkbox"/> Amtrak Police <input type="checkbox"/> Conrail Police <input type="checkbox"/> Staten Island Rapid Transit Police <input type="checkbox"/> N.Y. State Police <input type="checkbox"/> Long Island Railroad M.T.A.							
<input type="checkbox"/> U.S. Park Police <input type="checkbox"/> Health & Hospitals Corp. Police <input type="checkbox"/> Metro North M.T.A. <input type="checkbox"/> Other									
Location Of Occurrence <input type="checkbox"/> Inside <input type="checkbox"/> In Front Of <input type="checkbox"/> Rear Of <input type="checkbox"/> Opposite Of		Address							
County		Zip Code							
Apt#/Room#									
Cross Streets &		OR Intersection Of West 35th St & Dyer Ave							
Corner <input type="checkbox"/> N/E <input checked="" type="checkbox"/> N/W <input type="checkbox"/> S/E <input type="checkbox"/> S/W									
Military Time And Date Of This Report:	Time 1820	Date 10/17/18	Occurrence On Or From 1221	Date 10/15/18	Day Of Week	Occurrence Through 1635	Date 10/17/18	Day Of Week WEDS.	
Pct. Of Occ. 010	Complaint # 2018-10-004342	O.C.C.B. #	Aided #	Accident #	Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	Unit Referred To	Log/Case #	File #	
Report Classification (If Offense, List Most Serious First): CRIM. MISDEMEANOR 4th DEGREE PL145.3 (HATE CRIME)						<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed			
Was The Victim's Personal Information Taken Or Possessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Was The Victim's Personal Information Used To Commit A Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comp. Recd. <input type="checkbox"/> Walk-In <input type="checkbox"/> Written	<input type="checkbox"/> Radio <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Pick-Up	Visible By Patrol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pct. Sector Of Occ. 010	Beat Of Occ.	Post Of Occ.	Prints Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Possibly Gang Related <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, OCCB FOD Log #	Name Of Gang	If Arson: <input type="checkbox"/> Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Property		<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	Damage Caused By: <input type="checkbox"/> Fire <input type="checkbox"/> Unk	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Unk	Child Abuse Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic Incident Report Required Because Incident Involved Persons Belonging To The NYS Family Court Act Or NYPD Expanded Definition Of A Domestic Relationship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Child In Common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Intimate Relationship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Premises Type (Must Choose One)									
Residential: <input type="checkbox"/> Residence - Private House <input type="checkbox"/> Residence - Apt. Building <input type="checkbox"/> Residence - Public Housing		House Of Worship: <input type="checkbox"/> Church <input type="checkbox"/> Synagogue <input type="checkbox"/> Mosque <input type="checkbox"/> Other		School: <input type="checkbox"/> Public (NYC Dept Of Ed) <input type="checkbox"/> Private/Parochial <input type="checkbox"/> College/University <input type="checkbox"/> Other		Public Transportation: <input type="checkbox"/> Airport Terminal <input type="checkbox"/> Bus (NYC Transit) <input type="checkbox"/> Bus (Other) <input type="checkbox"/> Bus Stop <input type="checkbox"/> Airport Terminal <input type="checkbox"/> Bus Terminal <input type="checkbox"/> Ferry/Ferry Terminal <input type="checkbox"/> Taxi (Yellow Licensed) <input type="checkbox"/> Taxi (Livery Licensed) <input type="checkbox"/> Transit Facility (Other)			
Commercial: <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/> Bar/Night Club <input type="checkbox"/> Beauty & Nail Salon <input type="checkbox"/> Book/Card Store <input type="checkbox"/> Candy Store		<input type="checkbox"/> Chain Store <input type="checkbox"/> Check Cashing Business <input type="checkbox"/> Clothing/Boutique <input type="checkbox"/> Commercial Building <input type="checkbox"/> Department Store <input type="checkbox"/> Doctor/Dentist		<input type="checkbox"/> Drug Store <input type="checkbox"/> Dry Cleaner/Laundry <input type="checkbox"/> Factory/Warehouse <input type="checkbox"/> Fast Food <input type="checkbox"/> Gas Station <input type="checkbox"/> Grocery/Bodega		<input type="checkbox"/> Gym/Fitness Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Jewelry Store <input type="checkbox"/> Liquor Store <input type="checkbox"/> Loan Company <input type="checkbox"/> Mobile Food Carts/Stands <input type="checkbox"/> Photo/Copy Store <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Restaurant/Diner <input type="checkbox"/> Shoe Store <input type="checkbox"/> Small Merchant			
Indicate Name Of Business		<input type="checkbox"/> Social Club/Policy Location <input type="checkbox"/> Storage Facility <input type="checkbox"/> Store Unclassified <input type="checkbox"/> Supermarket <input type="checkbox"/> Telecomm. Store <input type="checkbox"/> Variety Store <input type="checkbox"/> Video Store							
Other: <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Bridge		<input type="checkbox"/> Cemetery <input type="checkbox"/> Construction Site <input type="checkbox"/> Highway/Parkway		<input type="checkbox"/> Marina/Pier <input type="checkbox"/> Open Lot/Area <input type="checkbox"/> Park/Playground		<input type="checkbox"/> Parking Lot/Garage <input type="checkbox"/> Private <input type="checkbox"/> Public <input checked="" type="checkbox"/> Tunnel <input type="checkbox"/> Public Building <input type="checkbox"/> Street <input type="checkbox"/> Other			
Indicate Name If Known:									
Exact Location Within Premises Type, If Known (Choose One).									
<input type="checkbox"/> Apartment <input type="checkbox"/> Basement <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Community Center <input type="checkbox"/> Driveway <input type="checkbox"/> Elevator		<input type="checkbox"/> Elevator Equipment Room <input type="checkbox"/> Freight Elevator <input type="checkbox"/> Garage <input type="checkbox"/> Hallway <input type="checkbox"/> Laundry Room <input type="checkbox"/> Lobby/Door/Vestibule		<input type="checkbox"/> Maintenance/Storage Area <input type="checkbox"/> Management Offices/Other Offices <input type="checkbox"/> Parking Lot <input type="checkbox"/> Play/Park Area <input type="checkbox"/> Public Sidewalk		<input type="checkbox"/> Rest Room <input type="checkbox"/> Roof <input type="checkbox"/> Roof Top Landing <input type="checkbox"/> Stairway <input type="checkbox"/> Terrace <input type="checkbox"/> Walkways <input type="checkbox"/> Motor Vehicle: <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Other			
If Burglary: Forcible Entry? <input type="checkbox"/> Att. Forcible Entry (If Yes, Explain In Details)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Burglary, Describe: <input type="checkbox"/> Bldg. Commercial <input type="checkbox"/> Garage		<input type="checkbox"/> Vehicle <input type="checkbox"/> Bldg. Residential <input type="checkbox"/> Building Other		Location of Entry: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Roof <input type="checkbox"/> Other	
Point of Entry: <input type="checkbox"/> Window <input type="checkbox"/> Security Gate <input type="checkbox"/> Skylight		<input type="checkbox"/> Wall <input type="checkbox"/> Door <input type="checkbox"/> Floor <input type="checkbox"/> Vent/Duct <input type="checkbox"/> Other		Alarm Bypassed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Alarm Company Name And Telephone # <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Responded <input type="checkbox"/> N/A		Complainant/Reporter Present During Burglary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supervisor On Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Was Translator Used: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Rank _____ Name (Print) _____ Cmd. _____				If Yes, Indicate Name, Address, Phone # and Language Name _____ Phone # _____ Address _____ Language _____					
Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate Interviews And Results)									
Taxi Robbery: Partition Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amber Stress Light Activated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of Conveyance: <input type="checkbox"/> Street Hail <input type="checkbox"/> Dispatch			
Location of Pick-up:									
DETAILS Reconstruct Incident And Results Of Preliminary Investigation Gerard Lindemeyer GM/LT reports that he was first informed by Joe Restuccia of Comm. Board 4 that on Monday 10/15/18 at 12:21 hrs. he had discovered graffiti consisting of black spray paint on public property on the overpass of Roadway A (NY Expressway) located between 35th & Dyer Ave. Joe Restuccia further informed MR. Lindemeyer that the graffiti was terrible in nature so he took action to have it covered up by PD maintenance. With a base coat of paint and a pink paint of finish coat applied. The graffiti started to secure a future for white babies. MR. Lindemeyer also reports that he received a email concerning a Twitter feed on Tuesday 10/16/18 at 10:58hrs depicting a photo of graffiti located on West 34th St (Dyer Ave) before the north turn entrance in black spray paint stating "we must secure an existence of our people & a future for white children". Also present was a drawing of a heart and a person's face. Covered up by PD maintenance on 10/17/18 at 1630hrs and a sign constructed a canvas of the location and discovered additional graffiti consisting of a swastika and a partial swastika in black spray paint located approx. 50 feet from the second reported incident. A video canvass of PA cameras was conducted with negative results.									


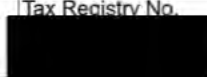
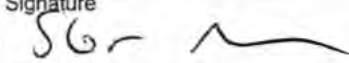
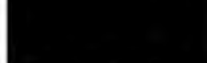
N.Y.C. DEPT. OF ED. SCHOOLS	N.Y.C. Dept. Of Ed. School		<input type="checkbox"/> On School Property		Travelling		School Sponsored Event		School Safety Division Operations				
	Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> During School Hours		<input type="checkbox"/> To School <input type="checkbox"/> From School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Control # _____				
	Victim Status: <input type="checkbox"/> General Ed. Student <input type="checkbox"/> Special Ed. Student <input type="checkbox"/> Resource Room/Related Services <input type="checkbox"/> Teacher <input type="checkbox"/> School Safety Agent												
	<input type="checkbox"/> Other Staff _____ <input type="checkbox"/> Other (Specify) _____												
NYC TRANSIT SUBWAY SYSTEM	Type of School: <input type="checkbox"/> Elementary <input type="checkbox"/> I.S.		School Number: _____		School Name: _____								
	<input type="checkbox"/> JHS <input type="checkbox"/> HS <input type="checkbox"/> SP. ED.												
	Exact Location On School Property: <input type="checkbox"/> Hall _____ <input type="checkbox"/> Floor _____ <input type="checkbox"/> Classroom # _____ <input type="checkbox"/> Cafeteria <input type="checkbox"/> Staircase # _____												
	<input type="checkbox"/> Gym/Locker Room <input type="checkbox"/> Bathroom # _____ <input type="checkbox"/> Playground/Field <input type="checkbox"/> On School Grounds <input type="checkbox"/> Auditorium <input type="checkbox"/> Other _____												
N.Y.C.H.A.	Suspect Status: <input type="checkbox"/> General Ed. Student <input type="checkbox"/> Special Ed. Student <input type="checkbox"/> Resource Room/Related Services <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff (Title) _____												
	<input type="checkbox"/> Student Intruder <input type="checkbox"/> Intruder <input type="checkbox"/> Visitor <input type="checkbox"/> Family Member <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____												
	N.Y.C. Transit Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Station Of Occurrence _____			Line (# Or Letter) _____		Transit Post # _____		Transit District _____ Sprint No. _____			
	Victim's Time And Station Of Entry Into Transit System, If Known: _____			Metro Card: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen		Type: <input type="checkbox"/> Student <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Transit Employee		<input type="checkbox"/> Standard <input type="checkbox"/> Handicapped <input type="checkbox"/> Police		Metro Card: Serial # _____			
VICTIM	<input type="checkbox"/> N/B Train <input type="checkbox"/> S/B Train (Location On Train: <input type="checkbox"/> Front <input type="checkbox"/> Middle <input type="checkbox"/> Rear Train Car # _____)												
	<input type="checkbox"/> N/B Platform <input type="checkbox"/> S/B Platform <input type="checkbox"/> Booth # _____ <input type="checkbox"/> Turnstile Area <input type="checkbox"/> Mezzanine <input type="checkbox"/> Stairs/Ramp/Escalator												
	<input type="checkbox"/> Elevator <input type="checkbox"/> Tunnel/Track Area <input type="checkbox"/> Passage Way <input type="checkbox"/> Toilet Facility <input type="checkbox"/> Street Stairway/St. Escalator <input type="checkbox"/> Other _____												
	N.Y.C. Housing Authority Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name Of Development _____				Field Report Prepared <input type="checkbox"/> Yes <input type="checkbox"/> No		PSA # _____		Field Report # _____		
	Total # Of Victims _____		Victim # _____ Of _____ Victims		Is Victim: <input type="checkbox"/> Male <input type="checkbox"/> Female (Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No)		Is a UMOS the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Victim N.Y.C.H.A. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Business/Organization <input type="checkbox"/> PSNY								
	If Business/Organization, List Name _____			Address _____			City _____		State _____		Zip _____ Room # _____		
	If Person, Last Name _____			First _____ M.I. _____			Is This Person Not Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Language _____				
	Nickname/Alias/Maiden Name _____			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date Of Birth _____		Age _____		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black			
	Permanent Residence Address (<input type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless)				City _____		State/Country _____		Zip _____		Apt.# / Room # _____		
	Temporary Residence Address _____				City _____		State _____		Zip _____		Apt. # _____ For How Long? _____		
	Business Address _____				City _____		State _____		Zip _____		Apt.# / Room # _____		
	Home Phone # () _____ - _____ Business # () _____ - _____												
	Cell Phone # () _____ - _____ E-Mail Address _____												
	Gang/Crew Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Name Of Gang/Crew _____				Gang/Crew Identifiers (Colors, Beads, Tattoos, Etc.) _____						
	Victim Was: <input type="checkbox"/> Shot <input type="checkbox"/> Cut/Slashed/Stabbed			Actions Of Victim Prior To Incident (Be Specific) _____									
Victim Of Similar Incident (EXCEPT SEX OFFENSE) <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, When And Where _____										
Is Victim Fearful for Their Safety/Life? <input type="checkbox"/> Yes <input type="checkbox"/> No			Escalating Violence/Abuse by Suspect/Arrestee? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were Prior DIR'S Prepared for Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will View Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Will Prosecute <input type="checkbox"/> Yes <input type="checkbox"/> No		Victim/Relative Notified Of Crime Victim Comp. Law <input type="checkbox"/> Yes <input type="checkbox"/> No									
REPORTER / WITNESS	Reporter/Witness # _____ of _____ <input type="checkbox"/> Reporter <input type="checkbox"/> Witness												
	Last Name, _____		First, _____		M.I. _____		Is This Person Not Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Language _____				
	P.O. E Luongo #907												
	Nickname/Alias/Maiden Name _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date Of Birth _____		Age _____		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black				
	Permanent Residence Address (<input type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless)				City _____		State/Country _____		Zip _____		Apt.# / Room # _____		
	Temporary Residence Address _____				City _____		State _____		Zip _____		Apt. # _____ For How Long? _____		
	Business Address _____				City _____		State _____		Zip _____		Apt.# / Room # _____		
	Home Phone # () _____ - _____ Business # () _____ - _____												
	Cell Phone # () _____ - _____ E-Mail Address _____												
	Gang/Crew Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Name Of Gang/Crew _____				Gang/Crew Identifiers (Colors, Beads, Tattoos, Etc.) _____				Position/Relationship To Victim _____		

FILL THIS PAGE OUT FOR WANTED JUVENILES / WANTED ADULTS ONLY.
FOR APPREHENDED/MISSING JUVENILES FILL OUT JUVENILE REPORT SYSTEM WORKSHEET PD 377-159A.

SUSPECT

CRIME INCIDENT DATA (MUST BE COMPLETED FOR CRIMES)
INCLUDE ANY ADDITIONAL DATA IN THE "DETAILS" SECTION

Total # Of Perps./ Suspects	Number Wanted	Number Arrested	Order Of Protection In Effect	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Was Order of Protection Violated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing Court	Docket #	Exp. Date Of Protection
Wanted Suspect # Of		Does Suspect/Arrestee Abuse Drugs/Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is the Suspect/Arrestee on Parole/Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name, UNKNOWN			First, M.I.					
Nickname/Alias/Maiden Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth	Age	Height Ft. In.	Weight	Race: <input type="checkbox"/> White <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Hisp. White	<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. Black
Eye Color:		Hair Color:		Hair Length:		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		State/Country Of Birth
Address UNKNOWN		<input type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless	Apt# / Room#	City	State/Country	Zip	Resident Pct.	
Business Name and Address								
Home Phone # () - - Business # () - -								
E-Mail Address Cell Phone # () - -								
Is This Person Not Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Language		Accent <input type="checkbox"/> Yes <input type="checkbox"/> No		Victim and Suspect Living Together: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly Lived Together		Can Identify Suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No
Victim States Perp. is:		<input type="checkbox"/> Mother <input type="checkbox"/> Uncle <input type="checkbox"/> Son		<input type="checkbox"/> Grandchild <input type="checkbox"/> Fiance/Fiancée <input type="checkbox"/> Employer <input type="checkbox"/> Stranger				
<input type="checkbox"/> Husband <input type="checkbox"/> C/L Wife <input type="checkbox"/> Guardian <input type="checkbox"/> Aunt <input type="checkbox"/> Daughter <input type="checkbox"/> In-Law <input type="checkbox"/> Boyfriend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Unknown		<input type="checkbox"/> C/L Husband <input type="checkbox"/> Divorced <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Nephew <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Girlfriend <input type="checkbox"/> Friend/ Acquaintance		<input type="checkbox"/> Other Relative <input type="checkbox"/> Employee				
N.Y.C.H.A. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name Of Development		N.Y.C.H.A. If Yes <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown		N.Y.C. Transit Employee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If Yes <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown
Physical Force: <input type="checkbox"/> Used <input type="checkbox"/> Threatened <input type="checkbox"/> None		Weapon: <input type="checkbox"/> Used/Displayed <input type="checkbox"/> Possessed <input type="checkbox"/> Simulated <input type="checkbox"/> None		Gun: <input type="checkbox"/> Handgun <input type="checkbox"/> Alleged Gun <input type="checkbox"/> Zip Gun <input type="checkbox"/> Toy Gun <input type="checkbox"/> Shotgun <input type="checkbox"/> Machine Gun <input type="checkbox"/> Rifle <input type="checkbox"/> Unk. Firearm Type <input type="checkbox"/> Other Gun (Specify)		Firearm <input type="checkbox"/> Recovered <input type="checkbox"/> Discharged <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Gun <input type="checkbox"/> Yes <input type="checkbox"/> No
Gang/Crew Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Name Of Gang/Crew		Gang/Crew Identifiers (Colors, Beads, Tattoos, Etc.)				
Used Subway System <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Station Entered And Time		Metro Card: <input type="checkbox"/> Used <input type="checkbox"/> Possessed Only		Type: <input type="checkbox"/> Student <input type="checkbox"/> Standard <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Handicapped <input type="checkbox"/> Transit Employee <input type="checkbox"/> Police		
Statement Made By Suspect During Commission Of Offense						Method Of Flight		
M.O. (Check All That Apply)		<input type="checkbox"/> Followed Victim To/From ATM/Bank		<input type="checkbox"/> Perp Offered Sex		Transit M.O.		Graffiti M.O.
<input type="checkbox"/> Asked Questions/Offered Assistance		<input type="checkbox"/> Food Delivery		<input type="checkbox"/> Pick Pocket		<input type="checkbox"/> Escaped Between Train Cars		<input checked="" type="checkbox"/> Spray Paint
<input type="checkbox"/> Bag Opener		<input type="checkbox"/> Hijack		<input type="checkbox"/> Property Snatched From Hand		<input type="checkbox"/> Escaped By Track/Tunnel		<input type="checkbox"/> Marker
<input type="checkbox"/> Bicycle Used		<input type="checkbox"/> Jewelry/Neck Chain Snatch		<input type="checkbox"/> Push-In		<input type="checkbox"/> Followed Victim From Street To Subway		<input type="checkbox"/> Etched
<input type="checkbox"/> Car Jack		<input type="checkbox"/> Jumped From Vehicle		<input type="checkbox"/> Purse/Wallet Snatch		<input type="checkbox"/> Held Train Doors		<input type="checkbox"/> Other
<input type="checkbox"/> Con Game		<input type="checkbox"/> Motorcycle Used		<input type="checkbox"/> Took Victim To Isolated Area		<input type="checkbox"/> Victim Sleeping		
<input type="checkbox"/> Deception Used		<input type="checkbox"/> Note Was Passed				<input type="checkbox"/> Reached From Moving Train		
<input type="checkbox"/> Entry Through Window/Fire Escape		<input type="checkbox"/> Opened Safe				<input type="checkbox"/> Removed Victim From Subway System		
<input type="checkbox"/> Followed Victim Along Street		<input type="checkbox"/> Payroll		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Unk.		<input type="checkbox"/> Tag
<input type="checkbox"/> Perp Made Statement								
Action Toward Victim: (Check All That Apply)		Head Gear:		Foot Wear:		Outer Wear:		Special Characteristics: (Check All That Apply)
<input type="checkbox"/> Fired Shot At		<input type="checkbox"/> Baseball Cap		<input type="checkbox"/> Barefoot		<input type="checkbox"/> Gang, Team, School Jacket		<input type="checkbox"/> Beard
<input type="checkbox"/> Injury Using Physical Force		<input type="checkbox"/> Beret/Military Cap		<input type="checkbox"/> Boots		<input type="checkbox"/> Leather, Suede, Fur Trim		<input type="checkbox"/> Arm (Amputee)
<input type="checkbox"/> Made Victim Strip		<input type="checkbox"/> Cowboy Hat		<input type="checkbox"/> Dress Shoes		<input type="checkbox"/> Military Clothing		<input type="checkbox"/> Ears
<input type="checkbox"/> Pepper/Chemical Spray		<input type="checkbox"/> Du-rag		<input type="checkbox"/> High Heels		<input type="checkbox"/> Overcoat/Top Coat		<input type="checkbox"/> Eyes
<input type="checkbox"/> Stabbed/Slashed/Cut		<input type="checkbox"/> Mask		<input type="checkbox"/> Loafers/Moccasins		<input type="checkbox"/> Snorkel/Ski Hooded Jacket		<input type="checkbox"/> Hand/Arm
<input type="checkbox"/> Struck With Object		<input type="checkbox"/> Ski Cap/Watch Cap		<input type="checkbox"/> Roller Blades		<input type="checkbox"/> Sport/Dress Jacket		<input type="checkbox"/> Leg (Amputee)
<input type="checkbox"/> Tied/Handcuffed		<input type="checkbox"/> Skull Cap		<input type="checkbox"/> Sandals		<input type="checkbox"/> Sweater/Vest		<input type="checkbox"/> Lips
<input type="checkbox"/> Tortured		<input type="checkbox"/> Stocking Cap		<input type="checkbox"/> Sneakers		<input type="checkbox"/> Sweat Shirt/Jogging Jacket		<input type="checkbox"/> Nose
<input type="checkbox"/> Used/Threat With Flame		<input type="checkbox"/> Straw Hat/Fedora		<input type="checkbox"/> Workboots		<input type="checkbox"/> T-Shirt/Tank Top		<input type="checkbox"/> Sideburns
<input checked="" type="checkbox"/> Unk/None		<input type="checkbox"/> Turban		<input checked="" type="checkbox"/> Unk		<input type="checkbox"/> Waist Length Jacket		<input type="checkbox"/> Tracks
<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Unk/None		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Unk/None		<input type="checkbox"/> Speech Impairment/Stutter
		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Skin Condition
		Color		Color		Color		<input type="checkbox"/> Other
Hairstyle:		Skin Tone:		Complexion:		Other Clothing/Accessories:		
<input type="checkbox"/> Afro		<input type="checkbox"/> Light		<input type="checkbox"/> Blotchy		<input type="checkbox"/> Bag/Briefcase		
<input type="checkbox"/> Bald		<input type="checkbox"/> Medium		<input type="checkbox"/> Clear		<input type="checkbox"/> Dirty/Torn/Messy		
<input type="checkbox"/> Bald (Partial)		<input type="checkbox"/> Dark		<input type="checkbox"/> Flushed/Ruddy		<input type="checkbox"/> Gloves		
<input type="checkbox"/> Braids		<input checked="" type="checkbox"/> Unk		<input type="checkbox"/> Pimpled		<input type="checkbox"/> Jeans		
<input type="checkbox"/> Caesar				<input type="checkbox"/> Tan		<input type="checkbox"/> Jewelry		
<input type="checkbox"/> Close Cut				<input type="checkbox"/> Yellow		<input checked="" type="checkbox"/> Unk		
<input type="checkbox"/> Corn Rows						<input type="checkbox"/> Radio Used		
<input type="checkbox"/> Crew						<input type="checkbox"/> Scarf/Bandana/Sweatband		
<input type="checkbox"/> Curly/Wavy						<input type="checkbox"/> Shorts		
						Color		
Distinguished Body Marks:		Body Mark Location		Describe Tattoo		Impersonation Of:		
#1 #2		#1 #2		Words: #1		<input type="checkbox"/> Customer/Client		
<input type="checkbox"/> Birthmark		<input type="checkbox"/> Arm		#2		<input type="checkbox"/> Employee		
<input type="checkbox"/> Body Piercing		<input type="checkbox"/> Face/Head				<input type="checkbox"/> Female		
<input type="checkbox"/> Scar		<input type="checkbox"/> Hand		Picture #1		<input type="checkbox"/> Law Enforcement Officer		
<input type="checkbox"/> Tattoo (Can't Describe)		<input type="checkbox"/> Leg		#2		<input type="checkbox"/> Male		
<input type="checkbox"/> Tattoo Picture		<input type="checkbox"/> Neck				<input type="checkbox"/> Security Officer		
<input type="checkbox"/> Tattoo Word		<input type="checkbox"/> Torso				<input type="checkbox"/> Public Servant		
<input type="checkbox"/> Tattoo Word & Picture						<input type="checkbox"/> Utility Worker		
<input checked="" type="checkbox"/> Unk/None						<input checked="" type="checkbox"/> Unk/None		
<input type="checkbox"/> Other						<input type="checkbox"/> Other		

VEHICLE	Vehicle Was: <input type="checkbox"/> Stolen <input type="checkbox"/> Attempted Stolen <input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Used in a Crime <input type="checkbox"/> Other		Plate(s) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	No. of Plates	License Plate No.	State	Expiration	Type	VIN No.										
	Year	Make	Model	Style	Color	Ins. Code	Policy No.	Invoice No.											
	Vehicle Recovered Prior to Alarm Transmittal <input type="checkbox"/> Yes <input type="checkbox"/> No		Alarm Transmitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm No.	Precinct	Transmitted By (Rank, Name)			Time	Date									
	Vehicle Stolen/Attempted Stolen From: <input type="checkbox"/> Parking Lot <input type="checkbox"/> Public Garage <input type="checkbox"/> Non-Public Garage <input type="checkbox"/> Street <input type="checkbox"/> Driveway <input type="checkbox"/> Other _____																		
PROPERTY	Vehicle: <input type="checkbox"/> Damaged Non-Motor Vehicle Accident <input type="checkbox"/> Damaged Vehicle Accident								<input type="checkbox"/> Vehicle Parts/Accessories Removed <input type="checkbox"/> Property Removed From Vehicle		Veh. Held For Forfeiture <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Was Property <input type="checkbox"/> Found <input type="checkbox"/> Lost <input type="checkbox"/> Stolen		Was Property <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Both <input type="checkbox"/> Unknown		Owner Identification No.														
	IMEI No.				IMEI No.				Cell Phone Carrier										
	Item No.	Quantity	Description Of Item - Brand, Model, Serial No.					Value Lost	Value Stolen	Value Recovered									
EVIDENCE	ECT/Crime Scene Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
	Evidence Collected <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ECT Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Run # _____ Crime Scene Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
	Evidence <u>SP Photos</u>					Invoice No. <u>5222310</u>													
	Evidence _____					Invoice No. _____													
NOTIFICATIONS TO:										ADDITIONAL COPIES FOR (Specify):									
Rank/Title	NAME				Unit/Agency		Log No.												
Rank/Title	Reporting/Investigating M.O.S. Name (Print)				Signature				Tax Registry No.		Command		Rep. Agency.						
PO	Emanuel Luongo										LT		PAPD						
Rank/Title	Supervisor Approving Name (Print)				Signature				Tax Registry No.		Command		Rep. Agency.						
Sgt	Sgt M. Buscan										PALT		63 PMA						
Rank/Title	Complaint Report Entered In System By (Print)				Signature				Tax Registry No.		Command		Rep. Agency.						

THE PORT AUTHORITY OF NY AND NJ
MAINTENANCE WORK ORDER

FACILITY: LT SUB-FACILITY: PAGE: 001
ORG UNIT: 154 SEC/SUB-SEC : 0501
REQUESTED BY :
AUTHORIZED BY: C. HAMPE
ACCOUNT CODE : 1-1X-0B03-154-036-102-421-01
SCHEDULE DATE: 10/18/2018
START DATE : 10/01/2018 SHIFT: B

=====

WORK ORDER: 0363507-1
=====

WORK ORDER TYPE : PM
MAINTENANCE TYPE: CLEANING
PRIORITY : 10
PM/PROJECT NO : 154 1631

TASK LOCATION : FACILITY (ALL AREAS) - GENERAL
EQUIPMENT ID : FAC LTAA NYNJ 00
EQUIP DESCRIPTION: FACILITY (ALL AREAS) - GENERAL
W/O DESCRIPTION : CLEAN GRAFFITI
TASK DESCRIPTION : CLN GRAFFITI ALL AREAS AS SPECIFIED BY SUPERVISOR
DESC. OF WORK/
SUPERVISOR
COMMENTS

* LABOR *

EMPLOYEE NAME	CLASS	DATE	DATE	DATE	DATE	DATE	VEHICLE ID	VEHICLE USAGE
		HOURS	HOURS	HOURS	HOURS	HOURS		
J. SUTTON	2002	3						
E. RAYMOND	2002	3						

SIGNATURE: _____ DATE COMPLETED: _____

* PARTS/MATERIALS *

ITEM IND	ITEM ID	DESCRIPTION	PLANNED QTY	U/M	ACTUAL QTY
-------------	---------	-------------	----------------	-----	---------------

PLANNED:

NO STOCK PARTS FOR TASK
NO DIRECT CHARGE PARTS FOR TASK

ADDITIONAL:

-	_____	_____	_____	_____	_____
-	_____	_____	_____	_____	_____
-	_____	_____	_____	_____	_____

COMPLETION COMMENTS:

THE PORT AUTHORITY OF NY AND NJ
MAINTENANCE WORK ORDER

FACILITY: LT SUB-FACILITY: PAGE: 001
 ORG UNIT: 154 SEC/SUB-SEC : 0501
 REQUESTED BY :
 AUTHORIZED BY: C. HAMPE
 ACCOUNT CODE : 1-1X-0B03-154-036-102-421-01
 SCHEDULE DATE: 10/17/2018
 START DATE : 10/08/2018 SHIFT: B

=====

WORK ORDER: 0363508-1
 =====

WORK ORDER TYPE : PM
 MAINTENANCE TYPE: CLEANING
 PRIORITY : 10
 PM/PROJECT NO : 154 1631

TASK LOCATION : FACILITY (ALL AREAS) - GENERAL
 EQUIPMENT ID : FAC LTAA NYNJ 00
 EQUIP DESCRIPTION: FACILITY (ALL AREAS) - GENERAL
 W/O DESCRIPTION : CLEAN GRAFFITI
 TASK DESCRIPTION : CLN GRAFFITI ALL AREAS AS SPECIFIED BY SUPERVISOR
 DESC. OF WORK/
 SUPERVISOR
 COMMENTS

 * LABOR *

EMPLOYEE NAME	CLASS	DATE	DATE	DATE	DATE	DATE	VEHICLE ID	VEHICLE USAGE
		HOURS	HOURS	HOURS	HOURS	HOURS		
T. HOLLOWELL	2002							
E. RAYMOND	2002							
B. DURKAN	2002							

SIGNATURE: _____ DATE COMPLETED: _____

 * PARTS/MATERIALS *

ITEM IND	ITEM ID	DESCRIPTION	PLANNED QTY	U/M	ACTUAL QTY
-------------	---------	-------------	----------------	-----	---------------

PLANNED:

NO STOCK PARTS FOR TASK
 NO DIRECT CHARGE PARTS FOR TASK

ADDITIONAL:

COMPLETION COMMENTS:



TSIGONIA PAINT SALES OF J.C.
464 COMMUNIPAW AVENUE
JERSEY CITY NJ 07304
Phone: (201) 435-0979 Fax: (201) 432-4046

Invoice

Number	Date	Page
T0093827	10/23/2018	1

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PORT AUTHORITY LINCOLN TUNNEL
OF NY & NJ
500 BOULEVARD EAST
WEEHAWKEN NJ 07086

EXEMPT

Phone	Fax	Clerk	Terms	PO Number	Required	Delivery
		SF	Net 30 Days	GALE		Pick Up

Item Number	Description	List	Discount	Quantity	U/M	Tax	Unit Price	Extension
INXV500.90.4	QT V500.90 CRTCH ALIPHATIC URE	33.32	9.99%	10.00	QT	N	29.99	299.90
INXV500.00.1	1G V500.00 CRTCH ALIPHATIC URE	78.37	9.98%	10.00	1G	N	70.55	705.50
Total Discount Savings \$111.50 RECEIPT NEEDED FOR REFUND OR EXCHANGE NO RETURNS ON CUSTOM COLORS Monday - Friday 7:00 - 5:00 Saturday 7:30 - 4:00 Sunday 10:00 - 2:00				SubTotal			\$1,005.40	
				Sales Tax			\$0.00	
				Total			\$1,005.40	
				Account Charges			\$1,005.40	



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10-23-18

SAME

10/23/2018 8:48:32 AM

Supplies Used :

AU0100520 154B03 - Rag, bridge painter 1BOX \$132

HA0105045 154B03 – LATEX GLOVES 3BOXES \$15.69

AW0300510 154B03 – PAINT BRUSHES 6 \$32.82

AS0100310 - SAFETY FACE SHIELD 6 \$23.88